



## Chapter 11

## HEALTH

### HIGHLIGHTS

- For fiscal year 2013 TDH will eliminate targeted vacant positions and make other operational reductions resulting in state savings of \$5.6 million.
- Integrate provisions of the TEAM Act into TDH recruitment processes.
- Move to introduce and use quality-enhancing technology statewide that will include electronic health records, telemedicine and health information exchange.
- Implement a department-wide performance improvement initiative using the Baldrige Performance Excellence framework to review operational and clinical processes that improve effectiveness and efficiency.
- Adopt new customer service initiatives to demonstrate cost savings and service improvements.
- Initiate an approach that renews emphasis on primary prevention and population health improvement that also refines TDH aims for services, including direct care, delivered in county health departments or funded by TDH.

### INTRODUCTION

The mission of the Tennessee Department of Health (TDH) is to protect, promote and improve the health and prosperity of people in Tennessee. This mission is carried out with a focus on population health and primary prevention, which includes strategies to improve the health of the population before ill health occurs or can be detected. Regular exercise, avoidance of sweetened beverages, a decision not to use tobacco, using a car seat, breastfeeding, immunizations and many regulatory strategies are a few among many examples of primary prevention activities in which the department is engaged. Through its many divisions and offices, partnerships and programs, TDH also provides direct health services to more than one in seven Tennesseans annually in all 95 counties. TDH operates health departments in 89 counties and contracts with metropolitan governments for operations in the remaining six counties. In 2011 alone, TDH provided more than 2.3 million direct services for



almost 900,000 unduplicated clients, or approximately 14 percent of Tennessee's population. County health departments provide well child and preventive screening visits, family planning care, primary care, in-home services, women, infants and children's nutritional services, breast and cervical screenings, immunizations, HIV counseling and testing, sexually transmitted infection screening and treatment, TennCare insurance advocacy and many other services and programs. Beyond direct care and services, TDH also provides statewide epidemiologic surveillance; issuing and tracking of vital statistics, disease registries and many other data sets and reports; more than 1.3 million annual specialized laboratory procedures; chronic and communicable disease control; and specially designed programs for high-risk populations like infants and pregnant women, smokers, the obese and diabetics. All 6.34 million Tennesseans are touched daily by other TDH operations: restaurant inspections, licensure and regulation of nearly 250,000 health professionals—about 4 percent of the state population, and 1,800 health care facilities in the state; and emergency preparedness planning, response and recovery.

## APPROACH/METHODOLOGY

The TDH Top to Bottom Review was performed in the context of the department's approach to performance improvement in the Baldrige Criteria for Performance Excellence framework. This approach enabled a reassessment of mission and values; a redirection and alignment of the organizational chart and relationships within the department, with county partners and with other state agencies; and review of operations and priorities that enabled consideration of new approaches that will result in enhanced customer service, improvements in statewide health outcomes, alignment of programs to departmental mission, better stewardship of Tennesseans' tax dollars and more efficient and effective government.

Fundamental to public health is the population and primary prevention focus that differentiates its role within the milieu of health care services and providers. The Top to Bottom Review enabled TDH to reconsider its fundamental population health and prevention focus and propose findings and recommendations in six



strategic areas: (1) improve business practices to align with new state policies and enhance customer service; (2) attend to current and future human resource policies and issues that impact the department's ability to meet its mission; (3) support technology improvements to streamline processes, increase productivity and reduce cost, and improve efficiencies of operation and customer service; (4) initiate performance improvement that includes process and quality improvement activities resulting in enhanced organizational effectiveness; (5) launch strategic changes to better align current operations of the department with its "protect, promote and improve" health and prosperity mission; and (6) propose new mission-focused initiatives to strategically and appropriately invest taxpayer resources to improve the state's health.

The TDH Top to Bottom Review spanned the breadth and depth of departmental leaders and employees at all levels and in all divisions and programs. The commissioner and other senior leaders prioritized time to make visits to over 50 county health departments during this planning phase. Dialogue with employee groups was promoted through a series of meetings. For example, three regional meetings with our partner Tennessee Public Health Association engaged over 400 employees and key stakeholders in performance improvement workshops. Three additional regional workshops were conducted with representatives from 94 counties that linked county health assessments to the departmental mission. Six discussion meetings were conducted with our regional community health councils involving over 125 community volunteers. Nineteen separate participatory seminars, reporting sessions concerning state plans and annual reports and internal strategic operations discussions involved 400 employees. This participatory process allowed the department to discover ideas and renew our sense of purpose and focus on outcomes, accountability and stewardship of taxpayer dollars. Both the department's Executive Leadership Team and the executive leaders of our rural regions and metropolitan county health departments reviewed the final report.

## RECOMMENDATIONS

**Recommendation 1:** Align departmental practice with new state laws and policies.

**Discussion:** Recently passed state laws and newly revised Department of General Services' policies will simplify purchasing and procurement for the department and introduce new procurement thresholds, definitions of goods and services, price negotiation during bidding process, processes for contract approval [including revenue contracts that are important to TDH operations] and local purchase authority. The new policies will also assist TDH in clarifying expectations within agency contracts and scopes of service. TDH will support the Department of Finance and Administration's actions to align budgets with appropriations to reflect actual spending and reduce the impact of the current budgetary reversion system on the TDH. To accomplish this, for fiscal year 2013 TDH will eliminate vacant positions and make other operational reductions which will result in state savings of \$5.6 million.

**This recommendation has been completed.**

**Recommendation 2:** Improve the efficiency of internal financial review and auditing processes.

**Discussion:** The recent move of the Division of Administrative Services into the same building as the rest of the department facilitates in-person internal reviews with programs that reduce time inefficiencies that were encountered in submission, receipt and expenditures of external grant support. TDH will also combine administrative allotment codes and new program codes that more closely account for programs. And, finally, our Office of Internal Audit combined several program-specific audits and reviews to minimally impact county health departments' operations.

**Recommendation 3:** Adopt new customer service initiatives that demonstrate cost savings and service improvements.

**Discussion:** Several intra- and inter-departmental cooperative activities have been completed or are in process. Department-wide improvements are recommended for websites, emails and phone communications to encourage prompt responses to customers. TDH will verify our capacity and options for translation services for a growing number and percentage of non-English speaking customers/patients.

- a. A Web portal for the Division of Health Licensure and Regulation is in use, and further improvements are planned to make the process of application and reapplication for licenses more user-friendly and efficient than the current paper-based system.
- b. Our Vital Records Office has extended office hours and will begin accepting credit or debit cards and serve as a new single point of service for birth certificates and voter registration.
- c. The Health Related Boards will institute online submission of applications, registrations and payments. Also, manual processes will be updated to improve the efficiency of professional and facilities licensure verification.

**Recommendation 4:** Integrate provisions of the TEAM Act into TDH recruitment processes.

**Discussion:** Provisions in the TEAM Act directly address long-standing TDH human resource issues and will significantly improve the TDH human resources processes. SMART goals are being formulated for personnel evaluation for all department employees, including first-ever job plans for executive service staff. TDH will explore creation of a new term-of-employment requirement for TDH employees with whom the department agrees to make a significant professional development training investment. The intent is to reduce the loss of valuable, newly trained employees to other employment opportunities.

**Recommendation 5:** Renew a TDH training agenda focused on employee-identified issues and leader priorities.

**Discussion:** Almost 40 percent of the TDH workforce could retire within the next five years. To address this, TDH is conducting a competency-based survey of all employees with the state's public health training institute at East Tennessee State University. Survey results will be integrated into a new training agenda designed and aligned with new flexible hiring and retention strategies through the TEAM Act to make positions more attractive to new professionals and to enhance the unique public health skills of a broad range of job classifications now employed at TDH. The department will coordinate an agenda of new offerings from Strategic Learning Solutions and design public health leadership opportunities with SLS and other professional organizations. A multi-year training program will be designed to mix internal staff development and external accredited educational opportunities. This plan will create a leadership training program that reaches a broad base of departmental administrative, programming and operational staff across the state and helps prepare the department for succession planning.

**Recommendation 6:** Cooperate with Department of Human Resources to update multiple job classifications.

**Discussion:** Enabled by provisions of the TEAM Act, TDH can now address a critical need to revise classifications for information technology professionals, clinical healthcare providers, epidemiologists and regional and local health department administrative staff. TDH will also generate proposals for new job classifications to enable TDH to hire new public health professionals with entry-level public health-related experience to address the impending wave of retirees. To do this TDH will develop academic partnerships that encourage interested students to gain professional experience at TDH as a long-term recruitment strategy.



**Recommendation 7:** Implement new flexible approaches to improve the efficiency of highly mobile operations and retain valued employees.

**Discussion:** The timeliness of health care facilities inspections will be improved by restoring the location of surveyors in the Middle Tennessee area. This will decrease travel costs and improve recruitment and retention of surveyors through acting on salary competitiveness and consideration of appropriate use of home offices and space in local health departments to bring them closer to their work. To improve recruitment and retention when in the business interest of the department, TDH will participate in the state's FLEX time policy enabled by the TEAM Act, consider job sharing opportunities and support telecommunications enhancements for approved job classifications, including emergency preparedness personnel.

**Recommendation 8:** Introduce and use quality-enhancing technology statewide, including electronic health records; address state needs to meet federal Meaningful Use standards; and introduce telehealth applications in health departments.

**Discussion:** Previous discussions about an electronic health record for TDH established its potential to add value to the delivery of quality care of local public health services and to improve TDH capacity to track public health issues. Recently, TDH organized a department-wide assessment and decision-making process leading to a decision to begin procuring a nonproprietary electronic health record. Costs incurred by implementing this infrastructure will be partially offset by savings from the elimination of material, reclaiming leased space currently dedicated to holding over 3.5 million patient records in health departments (including metros), and reducing personnel costs associated with creation and maintenance of paper-based records and reductions in costs associated with data acquisition and analysis.

**Recommendation 9:** Make new information technology investments to meet current and future TDH demands that emphasize efficiency and reliability.

**Discussion:** TDH needs to update and upgrade multiple information technology databases, processes and capacities. TDH will complete a comprehensive review of all public health information technology delivery systems and ensure the systems have a disaster recovery plan that meets business requirements. New Web-based applications will improve TDH efficiency, including a public access phone index and public notices of grant availability. Additionally, the telephone voicemail systems will be upgraded, and a department-wide plan and funding are needed for TDH employee information technology training.

**Recommendation 10:** Implement the provisions from the 2012 Prescription Safety Act and continue to improve the use and utility of the Controlled Substance Monitoring Database.

**Discussion:** An upgrade for the Controlled Substance Monitoring Database is being completed to improve speed and increase user capacity to meet requirements in the 2012 Prescription Safety Act. In addition, the department will support the Controlled Substances Monitoring Database Committee and reconsider staffing requirements, including new and reclassified positions, as needed, as well as automation of registration and password resets to enhance operations and customer responsiveness.

**Recommendation 11:** Apply new technological solutions to improve specific TDH business practices.

**Discussion:** Technology has been purchased to enable statewide conference calls and video conferencing to improve communication and reduce travel costs. The TDH vital records system will extend its no-cost contract to enhance timeliness of point-of-service delivery of documents through kiosks that will replace current inefficient paper-based systems with Web-based interactions.

A service level agreement with the state's Business Solutions Delivery has supplied an IT project manager to improve and replace the statewide Patient Tracking and Billing Management Information System. Equipping more TDH field staff with productivity-enhancing technologies such as tablets, 3G cards and smart phones will yield greater operational efficiency. Staff members that will benefit from this recommendation include investigators in Health Related Boards, the Board of Pharmacy, senior regional and county level staff, communicable and environmental disease inspectors and emergency preparedness staff. The costs of the technology will be offset by improvements in time savings, accuracy and customer convenience.

**Recommendation 12:** Implement a department-wide performance improvement initiative using the Baldrige Performance Excellence framework to review operational and clinical processes that improve effectiveness and efficiency.

**Discussion:** Performance Excellence training has permeated the department's infrastructure. Learning teams involving over 35 employees collected, assessed, drafted and reviewed the Level 1 TDH application submitted to the Tennessee Center for Performance Excellence. More than 400 employees and statewide public health partners engaged in TNCPE regional training, while an additional 150 employees learned about Baldrige using special job classification presentation sessions. As part of the application development process, TDH rearranged the organizational chart to align and support its mission statement. Internal meeting formats were revised to assure adequate coverage of tactical, strategic and long-term substantive issues. A new weekly legislative review session involving executive team members facilitated a successful legislative session, which led to improved communication, discussion of considerations and positions and timely responsiveness to proposed legislation. Improved internal communication was emphasized among TDH units and with county, metro and regional offices through instituting bi-weekly commissioner's newsletters, roundtables and

statewide conference calls. New TDH collaboration tools are planned to assure access to TDH intranet and network for all counties and metro health departments. TDH leaders are now regularly in the field and conducting learning-focused site visits intended to complement traditional monitoring and auditing functions. TDH will review and revise its organizational strategic plan using a participatory process involving counties, regions, metro health departments and central office program staff.

**This recommendation has been completed.**

**Recommendation 13:** Use LEAN process improvement tools to develop and complete projects that result in greater efficiency and effectiveness of business processes and TDH operations.

**Discussion:** TDH used process improvement tools to support the transition from a paper-based to an online electronic system for Institutional Review Board submission, tracking and records management processes. TDH will internally add personnel capacity to the IRB process to improve the timeliness of the process and training for TDH staff, board members and research community members. This encourages greater involvement in Tennessee-specific research that addresses state health issues and includes research involving other state agencies.

**Recommendation 14:** Employ continuous improvement approaches to promote mission-focused customer improvements.

**Discussion:** The beginning steps in the Baldrige performance improvement journey have provided an easy framework through which to organize multiple mission-enhancing activities. In addition, the Baldrige criteria mirror newly established public health accreditation standards. As a result, county and regional public health departments have engaged in a series of TDH Baldrige planning and reporting actions that enable meeting accreditation standards included in national professional



processes or in a future state-based process being contemplated by TDH. Central office and 90 county health departments are participating in the Tennessee Health Indicators and the county health assessment projects that promote ease of access and use of county-based health data for planning, quality improvement and public education. TDH is considering a performance dashboard for agency and public tracking and viewing of health data that measures change at the state, region and county levels.

**Recommendation 15:** Use a collaborative approach within TDH and with external partners to expand the ability and scope of TDH to fulfill its mission.

**Discussion:** TDH has begun a comprehensive overview of opportunities to strengthen collaborations with other state departments and partnerships with community stakeholders. One example is a participatory partnership with the Tennessee Public Health Association to promote public education through development of marketing messages that describe the role, importance and impact of public health departments on the health of Tennesseans. In addition, the department is promoting linkages with other state departments that identify the health aspects and contributions of their missions. Such collaborative efforts include the Governor's Health and Wellness Task Force, Children's Cabinet, Safety Subcabinet substance abuse initiatives, TennCare, multiple disability support programs, Adult Education Program and others.

**Recommendation 16:** Initiate an approach emphasizing primary prevention and population health improvement that also refines TDH aims for services, including direct care, delivered in county health departments or funded by TDH.

**Discussion:** TDH will move forward in planning to act on implications of the federal Affordable Care Act on delivery of services by local health departments including compliance with Meaningful

Use standards for health records and the health information exchange. TDH will align funding support for patient care and population health protection and promotion services to assure that services provided or funded by TDH add value to county health and health services infrastructure and improve county health outcomes. Because population health is the backbone of public health practice, TDH will develop a primary prevention initiative that encourages and enables county and regional health department employees to engage in community-based primary prevention, population health activities on a regular basis. A team-based Plan-Do-Study-Act cycle will be adapted to measure effort and outcomes. Foundational to this effort will be a data-driven, county-by-county, statewide community health assessment. In concert with other community care providers whenever possible, the provision of primary care services will be leveraged to enhance primary and secondary prevention activities in each community while transforming direct care emphasis towards addressing diseases or health behaviors that 1) protect population health, 2) save productive person-years of life and 3) generate systemic cost savings or avoidance, particularly for the state.

**Recommendation 17:** Align TDH fiscal allocations, which include grants and contracts, with the departmental priorities and organizational mission.

**Discussion:** TDH annually receives a large amount of federal grant funding which is distributed to health departments and other partners to promote the TDH mission. All grants and contracts will assure alignment with the TDH mission and linkages with county health department operations. A process will be developed to review new and opportunistic federal and other funding opportunities that align with organizational priorities and address population and place-based disparities that negatively contribute to poor state rankings or address departmental high priority issues (obesity, infant mortality, prevalence of smoking and substance abuse).

**Recommendation 18:** “Walk the talk” by promoting workplace fitness, obesity prevention and reduction and tobacco risk reduction.

**Discussion:** To truly assist TDH employees across the state to be and stay healthy, a series of strategic approaches will be used to model employer concern and empower personal action.

- a. TDH will require foods served at TDH-funded programs to meet certain preparation and nutritional standards.
- b. TDH will encourage and identify incentives for all state government buildings to have a place where people can walk outside and have an onsite dedicated exercise space.
- c. TDH will provide models for shared use of government-owned fitness facilities and pursue additional discounts for memberships with wellness facilities in localities where exercise options are less available.
- d. TDH will work more closely with businesses to address health and wellness issues, including workplace interventions for their employees. In doing so, TDH will emphasize how health impacts profitability. These efforts will create stronger networking relationships with public and private sector businesses and organizations, which will ultimately affect health issues.

**Recommendation 19:** Improve services through the selective expansion of required department responsibilities.

**Discussion:** Recommendations for several service improvements emerged from the Top to Bottom Review that include the following:

- a. Hire a full-time chief medical examiner. All people in Tennessee deserve state of the art care, disposition and, where necessary, forensic investigation upon their own passing or upon the passing of family, friends and loved ones in Tennessee. Tennessee’s current system of care for decedents who die under sudden or unexpected circumstances is lacking and too often leaves loved ones with

uncertainties, delays and concerns regarding the cause and manner of death. There is also a loss of data on such deaths that is critical to evidence-based decision-making by the state and other stakeholders. The first step in improving our system is the recruitment and hiring of a board-certified forensic pathologist who is both familiar with the present system in our state and has a strong working knowledge of best practices and benchmarks around the country and a commitment to both training those involved in the present system around our state and leading meaningful quality improvements in this easily overlooked but critical area.

- b. Initiate new immunizations and travel clinics for all Tennesseans.
- c. Implement SBIRT (Screening, Brief Intervention and Referral to Treatment) in all county health departments as an evidence-based substance abuse primary, secondary and tertiary prevention and population health measure and potential additional revenue source.

**Recommendation 20:** Develop creative solutions to continuing department responsibilities through the reorganization of current structures and process.

### **Discussion**

- a. In conjunction with the health-related boards and committees, review and improve processes for handling matters that come before the boards and committees and clarify TDH responsibilities and support.
- b. Establish an Office of Compliance, combining Internal Audit, Internal Affairs Investigator, HIPAA and Title VI, and add the new position of Chief Compliance Officer with experience in HIPAA and other federal and state law compliance statutes.
- c. Create a small Grant Review and Application Group. A team of three to four members with competencies in grant finding, writing, coordination and reviewing would be positioned to leverage the many public and



private grant opportunities that align with the department's mission but fall outside current programmatic knowledge and expertise to successfully obtain. Based on experience in other public health agencies, the return on investment in terms of new dollars for services and enhancements to citizens of Tennessee is expected to be greater than 25-to-1 over a three to five year period.

- d. Increase departmental capacity to conduct health informatics projects. For example, organize chronic disease epidemiology activities within the TDH through “growing” programs and taking advantage of new funding opportunities to address chronic diseases that are among the departmental priorities.

**Recommendation 21:** Enhance TDH's role in food inspections by updating the 1976 food code in collaboration with the Department of Agriculture.

